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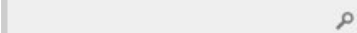
## A Brief Conversation with our Deputy Surgeon General

BY VJOHNSON – APRIL 30, 2014

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U.S. Navy Bureau of Medicine and Surgery Public Affairs

We had an opportunity recently to sit down with our deputy surgeon general, (DSG) Rear Adm. C. Forrest Faison, III and we thought we’d share his thoughts with you. He gave us his insight on what it takes to be a successful leader, he talked to us about his role as our DSG, discussed the importance of the standup of the Defense Health Agency and a host of other topics.



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Here’s the interview in its entirety:

**In your first few months as DSG, what has surprised you the most about our organization?**

The thing that has surprised me the most is the extent of our commitments around the world. We’ve got folks on the Navy Medicine team, pretty much on every continent and in every time zone serving in many way: from direct care of patients to research in malaria in southeast Asia to altitude research to supporting Marines at sea to remains recovery to outreach in Europe and all over the world. When the last guy leaves Afghanistan, that’s not going to impact those commitments. We are still going to have many, many commitments around the world, especially as we refocus on the Pacific. Most of the world’s largest cities are in Asia and within 100 miles of a coastline. That is the domain of the Navy and Marine Corps. So, if anything our mission is only going to get bigger as we seek to preserve stability and security in that part of the world. That stability and security directly allows us to preserve our way of life in America.

**How do you think your past assignments have prepared you for this position?**

Health care is a highly matrixed activity. Things do not happen in isolation without impacting other aspects of healthcare. My past assignments and experiences gave me appreciation for

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that complexity and allows me to understand the many facets of Navy Medicine as we move forward.

**What should Navy Medicine personnel know about the significant restructuring with the standup of DHA?**

They need to know it is a good thing. It is going to allow us to improve our efficiency and standardize care for our patients across the services. How you take a blood pressure and order gauze and surgical gloves doesn't change depending on the uniform you wear. It's also going to improve the care we give and improve opportunities for Navy Medicine folks in their assignments, career opportunities and career diversity. I think those are all good things.

**How is telehealth going to change the way we care for our beneficiaries?**

I think it's a game changer. The ICU in Guam is supervised by intensive care doctors in San Diego and Hawaii. Telehealth allows us to put expertise in areas where we currently have difficulty doing that. That might be isolated areas like Guam, a forward deployed ship, or even in the home of someone with a chronic disease who has difficulty getting to the hospital. We could potentially link that person up with their nurse care manager by VTC. Telehealth could allow us to deliver efficient and effective medical expertise, in a much more cost effective manner.

**In your opinion, what defines a successful leader?**

I've noticed five things, in the years that I've been in executive medicine and privileged to help develop future leaders-that all successful leaders have:

- Core values-The strength of Navy Medicine is that medicine's core values are the same as the Navy's core values. The profession of medicine is a profession of service to others. Folks join our team already having those core values when they make the decision to join the profession of healing.
- Good mentors/role models-I've been blessed with some phenomenal mentors and role models. The beauty of medicine is that it's an art which is passed on from generation to generation so that mentoring comes naturally to us.
- Ability to embrace change-Medicine is a changing profession and we're good at change. As an example, in 1900 there were over 200 medical schools in the U.S. – only one of them required a bachelors degree – only ten required a high school diploma – the rest allowed entry if you could pay the tuition. In 1900 a mainstay of therapy was bloodletting, unchanged since Hippocrates, and yet when we looked critically at how we provided health care and brought science to bear, that transformed how we delivered health care. Within our lifetime we extended training and use of stethoscopes to non-physicians. Before the 1950s, if you weren't a physician, you couldn't get trained to use a stethoscope. That opened up pre-hospital care for our EMTs, nurse-run ICUs and battlefield medicine, where today we have the highest combat survival in recorded history. This is all the result of our ability to embrace change. Medicine is all about change.
- Belief in servant leadership-The nature of medicine is a belief in others before self. Servant leadership is key to being a successful leader.
- Having a Toolkit-You have to have basic knowledge of how to run a health care organization. You have to have an inquiring mind. For example, when I was the commander at Navy Medicine West, I asked my senior leadership team to read Kissinger's book on China, Lincoln's book on leadership; a book on the crisis of Islam, and a few other titles in a monthly book club I

setup for us. I wanted my team to expand their minds and apply leadership examples and different approaches to problem-solving from other disciplines into the practice of health care. Reading and building a toolkit of perspectives and skills is essential to being a successful leader in today's complex healthcare environment.

**You wrote a very compelling article in the December 2012 edition of Proceedings magazine titled 'Coming Home'. What was your motivation?**

We care for many wounded warriors in Navy Medicine. As Commander at San Diego, I had the opportunity to interact with many people (some in positions of authority within our government and others from our community) who would come to see how we did that. As I mentioned, we have the highest combat survival rate in recorded history for people who have all volunteered to defend our freedom, serve our country, and were injured. I always asked those visitors three questions. No one seemed to be able to answer these questions and that caused me great concern.

-What should the future look like for our wounded warriors? What's our national strategy to realize that future? What is the role of the government and the role of the private sector?

No one could answer these questions and that told me that we do not have a national strategy to care for the heroes who have sacrificed so much to preserve our way of life and are truly the best of their generation. If we don't care for them, we'll lose the contribution of that generation. Further, moms and dads are looking at how we care for these heroes and they are influencing the choices their children make to serve our country. Our ability to get talent on our team in the future depends on how well we take care of those wounded warriors. If you look at what our warriors need-it's more than just medical.

-It is also education-Some studies suggest that only 30 percent of wounded warriors are enrolled in college and of those-over 90 percent will fail because it's too hard or due to the impact of TBI, because of short term memory loss. There are few technologies out there to help them. We need a plan to develop those technologies and services to give them the education they need for the future.

-It is job/career transition-There's no shortage of folks who want to hire them, but getting a job in today's job market depends on having a network. Because our men and women are deployed so much and then, when they come home injured, they are coming home to all-encompassing medical care; they do not have time to build that network. What we saw in San Diego was a 15 percent increase in homelessness in veterans because they did not have a network and we do not have an overarching national strategy to link them up with potential employers.

-It is family support-Many of our wounded warriors are married. When they are injured, their life and their family's life is changed forever. As the service chiefs have worked hard to reduce stigma among active duty, more and more of them are asking for help and we've grown our mental health departments to take care of them. What that has meant is more family members are being referred out to the Tricare network for their mental health needs. These are great providers but, reflective of our nation, less than two percent of those providers have served in the military, so we are finding it difficult to establish therapeutic relationships. We need a coordinated, community-based plan that addresses those areas. Some places are set up to do it and others aren't, so I think we need a national strategy to care for them. If we do not, there is a huge opportunity cost in addition to a direct cost in taking care of them. We don't want to repeat the lessons of the past. "The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they


perceive the Veterans of earlier wars were treated and appreciated by their nation”; George Washington said that, and that’s what this is about and there’s so much riding on this.

**Why did you pursue a career in Navy Medicine?**

I went into medicine to help people. I view my position as a position of trust and caring for others. I view it as part of covenant trust that has been placed in my hands to take care of folks. People have trusted me to care for their health and the health of their loves ones; it does not get much more of a sacred trust than that and, it is not just patients. It is also helping and caring for the staff I am privileged to lead. You can never get too senior to always remember that you are a health care provider first. You should never forget why you went into medicine, and that’s to help people and make a difference in their lives. We do that every day; it just doesn’t always involve a lab coat. That is why I stayed in medicine, in Executive Medicine, and in our Navy: the privilege and opportunity of serving others.

**Do you have anything else you’d like to add?**

I have been blessed to be a part of Navy Medicine for more than 30 years. I’ve had the privilege of talking to young folks about careers in the military. I’ve had the opportunity to live on every continent except South America and Antarctica and do things that my counterparts in the civilian sector can only imagine. It’s an incredible way to help people. Whether it is at the bedside, helping an MTF achieve success or serving in theater or any of the other ways I have been blessed to help others. It’s a great life. I have been blessed to work with some of the finest people in the world- the Navy Medicine team. That’s what energizes me every day!



About vjohnson